04/19/2011 15:27

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FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Oth	er Than An A	Authorize	ed Commi	ittee		Office Us	se Only	
NAME OF COMMITTEE (in full)		MAILING LABE OR PRINT		kample:If typi er the lines	ng, type				
American Health Care Ass	ociation Politi	cal Action Comn	nittee						
	1 1 1 1	1 1 1 1							
ADDRESS (number and street)	1201 L	Street, NW							
Check if different									
than previously reported. (ACC)	Washi	ngton				DC	20	0005	
2. FEC IDENTIFICATION NU	JMBER 1	<u> </u>	CITY 🛕			STATE		ZIPCODE ,	A
C00006080		3	. IS THIS REPORT	Т	NEW (N) OR		AMENDED (A)		
4. TYPE OF REPORT (Choose One)	`´ R	eport	Feb 20 (M2	2)	May 20 (M5)		Aug 20 (M8)	Nov (No Yea	v 20 (M11) on-Election ar Only)
(a) Quarterly Reports:	ט	ue On:	Mar 20 (M3	3)	Jun 20 (M6)		Sep 20 (M9)	Dec (No	c 20 (M12) on-Election ar Only)
April 15		X	Apr 20 (M4	.)	Jul 20 (M7)		Oct 20 (M10)		n 31 (YE)
Quarterly Report	(Q1) (c) 12-Day		Primary (1	2P)	Gene	eral (12G)	Ru	noff (12R)
July 15 Quarterly Report	(Q2)	PRE-Election Report for the		Convention	n (12C)	Snec	ial (12G)		
October 15 Quarterly Report	(Q3)	rioport for an	<i>"</i>	Convolution	.(123)		(123)		
January 31 Quarterly Report	(YE)	E	ection on			-		in the State of	
July 31 Mid-Year Report(Non-elect Year Only) (MY)	tion (d	9 30-Day Post -Electic Report for the		General (3	0G)	Runc	off (30R)	Spe	ecial (30S)
Termination Report (TER)	ort	El	ection on			•		in the State of	
5. Covering Period	03 0	1 2011		through	03	3 1	2011		
I certify that I have examined this	·	•	y knowledge	and belief it	is true, correct	and compl	ete.		
Type or Print Name of Treasure	r <u>IVII. Le</u>	eonard Russ							
Signature of Treasurer Elect	ronically Filed	d by Mr. Leona	ard Russ			Date	0 4 1 9	20	1 1
NOTE : Submission of false, en	roneous, or ir	ncomplete inform	ation may s	ubject the pe	erson signing th	is Report to	the penalties	of 2 U.S.C 4	437g.
Office Use								FORM 3	BX

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011		110057.22
	(b) Cash on Hand at Begining of Reporting Period	281868.25	
	(c) Total Receipts (from Line 19)	73490.16	286801.19
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	355358.41	396858.41
7.	Total Disbursements (from Line 31)	50500.00	92000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	304858.41	304858.41
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

м м 0 1 м м 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 68043.12 256151.12 (i) Itemized (use Schedule A) 5447.04 20650.07 (ii) Unitemized (iii) TOTAL (add 73490.16 276801.19 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 10000.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 73490.16 286801.19 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 73490.16 286801.19 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 73490.16 286801.19 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A	COLUMN B	
	Total This Period	Calendar Year-to-Date	
Operating Expenditures: (a) Shared Federal/Non-Federal			
Activity (from Schedule H4) (i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00	
2. Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	50500.00	92000.00	
4. Independent Expenditure (use Schedule E)	0.00	0.00	
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
6. Loan Repayments Made	0.00	0.00	
7. Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
9. Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity			
(from Schedule H6) (i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	50500.00	92000.00	
_	0000000	3233.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	50500.00	92000.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	73490.16	286801.19
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	73490.16	286801.19
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Postuli Name (Last, First, Middle Initial) Steve Ackerson Mailing Address 6750 Westown Pkwy	e name and add	dress of any political committee to	o solicit contributions from such committee. Date of Receipt
Steve Ackerson			Date of Receipt
Mailing Address 6750 Westown Pkwy			
•	Ctoto		03 25 2011
City	State	Zip Code	Transaction ID: C1258912
West Des Moines	IA	50266-7716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Iowa Health Care Assn.	Occupation Executive		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Gary D Anderson			Date of Receipt
Mailing Address 6618 McMakin Court			03 25 2011
City	State	Zip Code	Transaction ID: C1258913
Colleyville	TX	76034-5752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer Preferred Care Partners Management Gro	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Scott Averill			Date of Receipt
Mailing Address 700 W. 7th St.			03 / 08 / 2011
City	State	Zip Code	Transaction ID: C1242127
Overbrook	KS	66524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Brookside and Wellsville Retirement Co	Occupation Executive		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional).			3750.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
S	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	ı Committee	
Α.	Full Name (Last, First, Middle Initial) Mary Ayers			Date of Receipt
	Mailing Address 2969 Wedgewood City	State	Zip Code	03 22 2011
	Charles City	IA	50616	Transaction ID: C1258157 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer New Hampton Nursing & Reh- abilitation	Occupation Administration		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Mary Baker Mailing Address PO Box 1129			Date of Receipt
				03 15 2011
	City	State	Zip Code	Transaction ID: C1254232
	Turlock	CA	95381	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Mark One Corp.	Occupation Administration	trator	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
с. С.	Full Name (Last, First, Middle Initial) Al Braswell			Date of Receipt
	Mailing Address 3674 Pacific Avenue			03 / 22 / 2011
	City	State	Zip Code	Transaction ID: C1258156
	Riverside FEC ID number of contributing federal political committee.	CA	92509	Amount of Each Receipt this Period 5000.00
	Name of Employer Vista Pacifica Enterprises	Occupation Owner	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional)	1		6750.00
İ	TOTAL This Period (last page this line number	er only)		

ation copied from such Reports an hercial purposes, other than using DF COMMITTEE (In Full) can Health Care Association In the (Last, First, Middle Initial) allaway Address 510 Mill St In the contributing colitical committee. If Employer Convalescent Hospither (specify) There (Last, First, Middle Initial) and the contributing colonial committee. If Employer Convalescent Hospither (specify) There (Last, First, Middle Initial) and Council, Ill Address 1621 Galleria Boule cood contributing	State Zip Code CA 95630-2607 C Occupation Administrator Aggregate Year-to-Date 500.00 State Zip Code TN 37027	Date of Receipt Date of Receipt Transaction ID: C1251178 Amount of Each Receipt this Period Date of Receipt his Period 500.00
can Health Care Association Inne (Last, First, Middle Initial) allaway Address 510 Mill St number of contributing political committee. Employer Convalescent Hospi- For: imary General ther (specify) ne (Last, First, Middle Initial) Council, III Address 1621 Galleria Boule	State Zip Code CA 95630-2607 C Occupation Administrator Aggregate Year-to-Date 500.00 State Zip Code TN 37027	Transaction ID: C1251178 Amount of Each Receipt this Period Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Address 510 Mill St number of contributing political committee. Employer Convalescent Hospi- For: imary General cher (specify) ne (Last, First, Middle Initial) Council, III Address 1621 Galleria Boule	CA 95630-2607 C Occupation Administrator Aggregate Year-to-Date ▼ 500.00 Evard State Zip Code TN 37027	Transaction ID: C1251178 Amount of Each Receipt this Period Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
number of contributing political committee. Employer Convalescent Hospi- For: imary General ther (specify) Ine (Last, First, Middle Initial) Council, III Address 1621 Galleria Boule	CA 95630-2607 C Occupation Administrator Aggregate Year-to-Date ▼ 500.00 Evard State Zip Code TN 37027	Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Receipt Date of Recei
number of contributing political committee. Employer Convalescent Hospi- For: imary General cher (specify) ne (Last, First, Middle Initial) Council, III Address 1621 Galleria Boule	CA 95630-2607 C Occupation Administrator Aggregate Year-to-Date ▼ 500.00 Evard State Zip Code TN 37027	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
number of contributing political committee. Employer Convalescent Hospi- For: imary General cher (specify) ne (Last, First, Middle Initial) Council, III Address 1621 Galleria Boule	Occupation Administrator Aggregate Year-to-Date 500.00 State Zip Code TN 37027	Date of Receipt M M M / D D / Y Y Y Y Y 0 3 2 2 2 2 0 1 1 Transaction ID: C1258852 Amount of Each Receipt this Period
Employer Convalescent Hospi- For: imary General ther (specify) ne (Last, First, Middle Initial) Council, III Address 1621 Galleria Boule	Occupation Administrator Aggregate Year-to-Date 500.00 State Zip Code TN 37027	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
For: imary General ther (specify) ne (Last, First, Middle Initial) Council, III Address 1621 Galleria Boule	Administrator Aggregate Year-to-Date 500.00 State Zip Code TN 37027	Transaction ID: C1258852 Amount of Each Receipt this Period
imary General ther (specify) ne (Last, First, Middle Initial) Council, III Address 1621 Galleria Boule	State Zip Code TN 37027	Transaction ID: C1258852 Amount of Each Receipt this Period
ther (specify) The (Last, First, Middle Initial) Council, III Address 1621 Galleria Boule	evard State Zip Code TN 37027	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Council, III Address 1621 Galleria Boule	State Zip Code TN 37027	Transaction ID: C1258852 Amount of Each Receipt this Period
rood	State Zip Code TN 37027	Transaction ID: C1258852 Amount of Each Receipt this Period
	TN 37027	Amount of Each Receipt this Period
number of contributina		5000.00
political committee.	C	
Employer	Occupation President	
For: imary General ther (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
ne (Last, First, Middle Initial)		Date of Receipt
Address 201 West Eighth St PO Box 509	reet	03 22 2011
	State Zip Code	Transaction ID: C1258848
	KS 67337-0509	Amount of Each Receipt this Period
number of contributing political committee.	C	5000.00
Employer odges, Inc.	Occupation Vice President	
For:	Aggregate Year-to-Date ▼	
imary	5000.00	
		10500.00
	PO Box 509 ville number of contributing solitical committee. Employer bodges, Inc. For: imary General her (specify)	PO Box 509 State Zip Code KS 67337-0509 number of contributing political committee. C Employer podges, Inc. Occupation Vice President Aggregate Year-to-Date ▼ imary For:

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate s for each categ Detailed Sumn	gory of the
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or us e name and address of any politic	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association Pe	olitical Action Committee	
<u></u>	Full Name (Last, First, Middle Initial) Robert Dalton		Date of Receipt
	Mailing Address 6423 Westshire Ct.		03 / 07 / 2011
	City	State Zip Code	Transaction ID: C1241865
	Roanoke FEC ID number of contributing federal political committee.	VA 24018	Amount of Each Receipt this Period 1000.00
	Name of Employer American HealthCare LLC	Occupation Vice President Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00
	Full Name (Last, First, Middle Initial) Thomas East		Date of Receipt
	Mailing Address 2406 Olde Salem Dri	/e	03 / 09 / 2011
	City	State Zip Code	Transaction ID: C1244468
	Salem FEC ID number of contributing federal political committee.	VA 24153	Amount of Each Receipt this Period 1000.00
	Name of Employer American HealthCare,LLC	Occupation VP of Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00
-	Full Name (Last, First, Middle Initial) Fonda Elliot	1	Date of Receipt
	Mailing Address 240 Capitol St Ste 500		03 / 21 / 2011
	City	State Zip Code	Transaction ID: C1258847
	Charleston FEC ID number of contributing federal political committee.	WV 25301-2297	Amount of Each Receipt this Period 5000.00
	Name of Employer AMFM, Inc.	Occupation Owner	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	5000.00
Γ	SUBTOTAL of Receipts This Page (optional)	1	7000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Policy	olitical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Gregory J. Elliot			Date of Receipt
	Mailing Address 240 Capitol Street			03 22 2011
	City	State	Zip Code	Transaction ID: C1258862
	Charleston	WV	25301-2297	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer AMFM, Inc.	Occupation IT Coord		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 252.00	
_	Full Name (Last, First, Middle Initial) John Elliot			Date of Receipt
	Mailing Address 240 Capitol Street Suite 500			03 21 2011
	City	State	Zip Code	Transaction ID: C1258846
	Charleston	WV	25301-2297	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer AMFM Inc	Occupation CEO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		5000.00	
	Full Name (Last, First, Middle Initial) Patrick Fairbanks			Date of Receipt
	Mailing Address 20220 Harney street			03 19 2011
	City	State	Zip Code	Transaction ID: C1258035
	Elkhorn	NE	68022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Vetter Health Services		erations Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		5584.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donald Franco Mailing Address 5 O'Kill Drive			Date of Receipt
City East Haven	State CT	Zip Code 06513	Transaction ID: C1258843 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Paragon Group Inc. Receipt For: Primary General Other (specify) ▼		n ninstrator/Owner/President e Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Barbara Fransen Mailing Address 16855 East Highwa	ay 160		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1256760
Alamosa	CO	81101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Rio Grande Inn	Occupation Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Paul Friedlan	'		Date of Receipt
Mailing Address 10067 East Windro	se Drive		03 07 7 2011
City	State	Zip Code	Transaction ID: C1241859
Scottsdale FEC ID number of contributing federal political committee.	C	85260-4655	Amount of Each Receipt this Period 500.00
Name of Employer Management Southwest Corp	Occupation Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	_	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/28 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Health Care Association	<u>- </u>	• •	
Full Name (Last, First, Middle Initial) Dennis Haws			Date of Receipt
Mailing Address 601 Midwestern Pa	arkway		03 08 2011
City Wichita Falls	State TX	Zip Code 76302	Transaction ID: C1245079
FEC ID number of contributing federal political committee.	C	/6302	Amount of Each Receipt this Period 500.00
Name of Employer Midwestern Healthcare Cen- ter	Occupatio Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Robert Heppenheimer Mailing Address 109 Soundview Te	errace		Date of Receipt
City	State	Zip Code	0 3 0 9 2 0 1 1 Transaction ID: C1253712
Northport	NY	11768	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Nesconset Center for Nurs- ing & Rehabil	Occupatio Executive	n e Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Norm Hyatt			Date of Receipt
Mailing Address 5102 Scenic Dr			03 02 7 2011
City Yakima	State WA	Zip Code 98908-2229	Transaction ID: C1241864 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30300 2223	550.00
Name of Employer Hyatt Management Corp.	Occupatio Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (option	al)		2050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Health Care Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Bruce Kelly		Date of Receipt
Mailing Address 323 Highland		03 / 11 / 2011
City	State Zip Code	Transaction ID: C1256752
Natchez	MS 39120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer Senior Living Centers	Occupation Owner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial) Gary Kelso		Date of Receipt
Mailing Address 10331 E Highway 39)	03 31 2011
City	State Zip Code	Transaction ID: C1261577
Huntsville	UT 84317-9670	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Mission Health Services	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) David Kyllo		Date of Receipt
Mailing Address 4621 28th Road Sou	uth	03 08 7 9 9 9
City	State Zip Code	Transaction ID: C1245087
Arlington	VA 22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.56
Name of Employer National Center for Assis- ted Living	Occupation Executive Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify)	237.36	
SUBTOTAL of Receipts This Page (optional)	·	1664.56
	er only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one) X 11a
(Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
7	Full Name (Last, First, Middle Initial)	milical Action	- Committee	
۹.	David Kyllo Mailing Address 4621 28th Road South	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Arlington	State VA	Zip Code 22206	Transaction ID: C1258870 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.56
	Name of Employer National Center for Assisted Living Receipt For: Primary General Other (specify) ▼	+ +	e Director e Year-to-Date ▼ 237.36	
- 3.	Full Name (Last, First, Middle Initial) Larry Lane Mailing Address 1616 Stephens Dr	1		Date of Receipt 0 3 1 2 0 1 1
	City	State	Zip Code	Transaction ID: C1262131
	Wayne FEC ID number of contributing federal political committee.	C	19087-1023	Amount of Each Receipt this Period 500.00
	Name of Employer Genesis	Occupation	on Regulatory Affairs	7
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
- ;.	Full Name (Last, First, Middle Initial) William Levering			Date of Receipt
•	Mailing Address 201 North Main Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Mount Vernen	State	Zip Code	Transaction ID: C1258863
	Mount Vernon FEC ID number of contributing federal political committee.	OH C	43050	Amount of Each Receipt this Period 1000.00
	Name of Employer Levering Management Inc.	Occupation Presider	on at & CEO	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1)	1539.56
T	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Health Care Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Howard Lipschutz		Date of Receipt
Mailing Address 1304 Laurel Oak Rd City	State Zip Code	0 3 0 3 2 0 1 1 Transaction ID: C1242216
Voorhees	NJ 08043-4310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Burnt Tavern Rehabilation HealthCare	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Tod Mahoney		Date of Receipt
Mailing Address 1019 Brook Arbor Dr		03 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1257090
Mansfield	TX 76063-5445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Cross Timbers Rehab	Occupation Administrator	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Jeffery Mathews		Date of Receipt
Mailing Address 450 South 400 East		03 22 2011
City	State Zip Code	Transaction ID: C1258159
Bountiful	UT 84010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer 24/7 Long Term Care, Inc.	Occupation GOO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Cyndi Milenski Mailing Address 40 Brentmeade Dri	ve	Date of Receipt M M
City	State Zip Code	Transaction ID: C1261652
<u>Jackson</u>	TN 38305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cornerstone Health Servic- es Group	Occupation Owner/President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Paula Mitchell	I	Date of Receipt
Mailing Address 1100 Monroe		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1241639
Globe	AZ 85501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Copper Mountain Inn	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Van Moore	I	Date of Receipt
Mailing Address 3155 River Rd S		03 22 7 2011
City	State Zip Code	Transaction ID: C1258879
Salem	OR 97302-9819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Westcare Management, Inc.	Occupation Senior Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (antice)	al)	1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 28 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joe Okruhlica Mailing Address 1155 Eastern Pkwy City Louisville FEC ID number of contributing federal political committee. Name of Employer Parkway Medical Center Receipt For: Primary General Other (specify)	State Zip Code KY 40217-1401 C Occupation Owner/Administrator Aggregate Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Gail M. Polanski Mailing Address 5563 Coachmams La City Hamburg FEC ID number of contributing federal political committee. Name of Employer Tara Cares Receipt For: Primary General Other (specify)	State Zip Code NY 14075 C Occupation Senior Vice President Aggregate Year-to-Date 300.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Teddy Rae Price Mailing Address PO Box 1438 City Winnfield FEC ID number of contributing federal political committee. Name of Employer Central Management Company Receipt For: Primary General Other (specify)	State Zip Code LA 71483-1438 C Occupation President & CEO Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .		3050.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 28 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Mohammad Qazi			Date of Receipt
	Mailing Address 4000 Town Center Suite 700			03 / 30 / 2011
	City Southfield	State MI	Zip Code 48075	Transaction ID: C1260938 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40073	5000.00
	Name of Employer Ciena Healthcare	Occupation CEO	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
- В.	Full Name (Last, First, Middle Initial) Gail Rader			Date of Receipt
	Mailing Address 1503 South Main Stre	eet		03 07 2011
	City	State	Zip Code	Transaction ID: C1241856
	Phillipsburg	NJ	08865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer Care Perspectives Inc.	Occupation Presider		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
С. С.	Full Name (Last, First, Middle Initial) Jon Reardon			Date of Receipt
	Mailing Address 1202 Weiss Street			03 16 2011
	City	State	Zip Code	Transaction ID: C1258162
	Saginaw FEC ID number of contributing federal political committee.	C	48602-5471	Amount of Each Receipt this Period 275.00
	Name of Employer Hoyt Nursing & Rehab Cent- re	Occupation	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
	SUBTOTAL of Receipts This Page (optional)			10275.00
t	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 28 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph William Sadler Mailing Address 1305 W Causeway # 114 City	Approach State Zip Code	Date of Receipt M M C D C C C C C C C C
Mandeville FEC ID number of contributing federal political committee.	LA 70471-3043	Amount of Each Receipt this Period 500.00
Name of Employer Magnolia Ancillary Servic- es Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Regional Director of LTC Facilities Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Ben Sanders Mailing Address 19 NH Rt 104	1	Date of Receipt 0 3 3 1 2 0 1 1
City Meredith FEC ID number of contributing federal political committee.	State Zip Code NH 03253	Transaction ID: C1262574 Amount of Each Receipt this Period 1000.00
Name of Employer Golden View Health Care	Occupation Dir Special Svcs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Floyd Schlossberg Mailing Address 4200 W Peterson A	l	Date of Receipt 0 3 3 1 2 0 1 1
# 140 City Chicago	State Zip Code IL 60646-6819	Transaction ID: C1262573 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Alden Management Inc	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional	al)	2750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 28 (check only one) X 11a
A or	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Poli	tical Action	Committee	
۱.	Full Name (Last, First, Middle Initial) Ina Schlossberg Mailing Address 4200 W Peterson Ave			Date of Receipt
	# 140			03 31 2011
	City	State	Zip Code	Transaction ID: C1262572
	Chicago FEC ID number of contributing federal political committee.	C	60646-6819	Amount of Each Receipt this Period 1250.00
	Name of Employer Alden Enterprises	Occupatio Special 0	n Operations	
	Receipt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 1250.00	
	Full Name (Last, First, Middle Initial) Dion Sena Mailing Address 1301 NE 104th Street			Date of Receipt
	Maining Address 1501 INE 104till Street			03 22 2011
	City	State	Zip Code	Transaction ID: C1258158
	Miami Shores	FL	33138-2661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Mandarin Health Group, LLC	Occupatio Owner		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	0 0	1250.00	
 ;.	Full Name (Last, First, Middle Initial) Michael Shepard			Date of Receipt
	Mailing Address PO Box 125			03 / 22 / 2011
	City Mena	State AR	Zip Code 71953	Transaction ID: C1258854 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	71955	1250.00
	Name of Employer Shepard Group	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
5	SUBTOTAL of Receipts This Page (optional))	3750.00
1	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 28 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and add	ress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gail Sheridan Mailing Address 9031 Penn Ave S			Date of Receipt
City Bloomington FEC ID number of contributing	State MN	Zip Code 55431-2225	Transaction ID: C1258850 Amount of Each Receipt this Period
federal political committee. Name of Employer Tealwood Care Centers		e Mangement	1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Jennifer Swim Mailing Address 8354 Chickamauga	ı Trail		Date of Receipt 0 3 0 4 2 0 1 1
City	State	Zip Code	Transaction ID: C1241870
Shreveport	LA	71107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Vivian Health Care Center	Occupation Administr		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Roger F. Topping	•		Date of Receipt
Mailing Address 315 Courthouse Ro	oad		03 / 09 / 2011
City Princeton	State WV	Zip Code	Transaction ID: C1244470
FEC ID number of contributing federal political committee.	C	24740	Amount of Each Receipt this Period 265.00
Name of Employer Princeton Health Care Cen- ter Receipt For:	Occupation Administr		
Primary General Other (specify) ▼	Aggregate	265.00	
SUBTOTAL of Receipts This Page (optiona	J)		1765.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	Statements may not be sold or used by any person ename and address of any political committee to political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lisa Toti Mailing Address 2140 River Oaks Driv City Salem FEC ID number of contributing federal political committee. Name of Employer American HealthCare, LLC Receipt For: Primary General	e State Zip Code VA 24153 C Occupation Vice President - Human Resources Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y O 3 2 2 0 1 1 Transaction ID: C1241382 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Larry Walker Mailing Address 1413 W Main St City Waxahachie FEC ID number of contributing federal political committee. Name of Employer Nexion Health Receipt For: Primary General Other (specify)	State Zip Code TX 75165-2241 C Occupation Administrator Aggregate Year-to-Date 365.00	Date of Receipt M M M D D D 29 2011 Transaction ID: C1260771 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Michelle Walters Mailing Address 4217 Logan St City Bossier City FEC ID number of contributing federal political committee. Name of Employer Clairborne Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code LA 71112-4323 C Occupation Administrator Aggregate Year-to-Date 350.00	Date of Receipt M M M 22 2 2 2 11 Transaction ID: C1258851 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .	· 	1615.00
TOTAL This Period (last page this line number	c only)	68043.12

5	CHEDULE B (FEC Form 3.	² Use sep	arate schedule(s)		NUMBER: PAGE 23 / 28
IT	EMIZED DISBURSEMENT	S for each	category of the Summary Page	(check only	
Ar	y Information copied from such Reports ar	nd Statements may r	not he sold or used	by any person f	
	for commercial purposes, other than using				
\setminus	NAME OF COMMITTEE (In Full)				
/	American Health Care Association	Political Action C	Committee		
	Full Name (Last, First, Middle Initial)				Transaction ID: D115821
	BRIDGE PAC				Date of Disbursement
	Mailing Address 499 S Capitol St Ste 412	SW			03
	City Washington	State DC	Zip Code 20003-4009		Amount of Each Disbursement this Period
	Purpose of Disbursement				5000.00
	Contributions to Federal PACs Candidate Name			Oalama	
	Candidate Name			Category/ Type	
		Disbursement For:			
	Senate President	Other (sp	General		
	State: District:	Other (sp	ecity) 🔻		
	Full Name (Last, First, Middle Initial)				Transaction ID: D115817
	ERICPAC				Date of Disbursement
	Mailing Address 209 Pennsylvania	a Ave SE			03 / 28 / 2011
	City Washington	State DC	Zip Code 20003-1107		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal PACs				5000.00
	Candidate Name			Category/ Type	
	Office Sought: House	Disbursement For:		Type	
	Senate	Primary	General		
	State: President District:	Other (sp	ecify) 🔻		
	Full Name (Last, First, Middle Initial)				Transaction ID: D115822
	HEATHER WILSON FOR SENATE	=			Date of Disbursement
	Mailing Address PO Box 14070				03 7 28 7 2011
	City Albuquerque	State NM	Zip Code 87191-4070		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates		11.75. 10.76		5000.00
	Candidate Name Heather Wilson			Category/ Type	
	Office Sought: House	Disbursement For:	2012	ı ype	
	χ Senate	X Primary	General		
	State: NM District:	Other (sp	ecify) 🔻		
	Olaic. INIVI DISTIICL.				
					15000.00

SCHEDIII E B (FEC Form 3Y)

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28c 29
ny Information copied from such Reports and Star for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
American Health Care Association Polit	ical Action Committee		
Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN			Transaction ID: D115818 Date of Disbursement
Mailing Address P.O. Box 44369			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & 1 \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
City Eden Prairie	State Zip Code MN 55344		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates			1000.00
Candidate Name Rep. Erik Paulsen		Category/ Type	
Office Sought: X House Senate President State: MN District: 03	xrsement For: 2012 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) FRIENDS OF FRANK GUINTA			Transaction ID: D115820 Date of Disbursement
Mailing Address P.O. Box 877			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & 2 \end{smallmatrix} \end{bmatrix} $
City Manchester	State Zip Code NH 03105		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates			3000.00
Candidate Name Rep. Frank Guinta		Category/ Type	
Office Sought: X House Senate President State: NH District: 01	xrsement For: 2012 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) BERMAN FOR CONGRESS			Transaction ID: D115819 Date of Disbursement
Mailing Address 6380 Wilshire Blvd. #	1612		03
City Los Angeles	State Zip Code CA 90048		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates			1000.00
Candidate Name Rep. Howard L. Berman		Category/ Type	
Office Sought: X House Senate President State: CA District: 28	x Primary		
SUBTOTAL of Disbursements This Page (option	al)		5000.00
TOTAL This Period (last page this line number o	nly)		

SCHEDULE B (FEC FOIII 3X)	Use separate s				R LINE ck only	NUMBE	R:		L P	AGE	25 / 2	8
ITEMIZED DISBURSEMENTS	for each catego Detailed Summ	ry of the (<u> </u>	21b	one) 22 28a	X	23 28b	24 28c	П	25 29	
Any Information copied from such Reports and State				ny pe	erson fo	or the pu		se of so	oliciting o	contrib	outions	Ш,
or for commercial purposes, other than using the na	me and address of a	ny political co	omr	nitte	e to soli	cit contr	ibuti	ons fro	m such	comn	nittee	
NAME OF COMMITTEE (In Full)												
/ American Health Care Association Politic	cal Action Commi	ttee										
Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS									D115	534		
FRIENDS OF JOE PILIS							M N	sburse	ement 0	Y Y	Y	Υ
Mailing Address PO BOX 775						0 ^M 3		1	0	. 2	0 1 1	
City Unionville	State Zip C	Code				Amou	int o	f Each	Disburs	emen	t this P	eriod
Purpose of Disbursement	1A 193	173 			_					40	00.00	
Contributions to Federal Candidates												
Candidate Name Rep. Joe Pitts				tegoi ype	·y/							
Z		2012										
Senate President	X Primary Other (specify)	General										
State: PA District: 16	Curor (opcomy)	•										
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	D115	535		
FRIENDS OF JOE PITTS							_	sburse		V * V		V
Mailing Address PO BOX 775						0 ^M 3	М	1	0 /	Ý Ž	0 1 1	Y
City Unionville	State Zip 0					Amou	int o	f Each	Disburs	emen	t this P	erioc
Purpose of Disbursement	174 155	.,, <u>.</u>			_					10	00.00	
Contributions to Federal Candidates												
Candidate Name Rep. Joe Pitts				tegoi ype	ry/							
9 1		2012										
Senate President	_	General										
State: PA District: 16	Other (specify)	•										
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	D115	721		
CASTOR FOR CONGRESS						Date	of Di	sburse	ement			14
Mailing Address 301 W. Platt Street #385						0 ^M 3	М	^D 2	1 /	^Y 2	0 1 1	Y
City	State Zip (Code				Amou	int of	f Each	Disburs	emen	t this P	erioc
Tampa	FL 336	606						•		25	00.00	-
Purpose of Disbursement Contributions to Federal Candidates									-	20	JQ.UQ	
Candidate Name					ry/							
Rep. Kathy Castor Office Sought: X House Disbur	sement For:	2012		уре								
	X Primary	General										
President	Other (specify)	▼										
State: FL District: 11												
SUBTOTAL of Disbursements This Page (optional	l)									750	00.00	
TOTAL This Period (last page this line number on	v)				•				•			
E6AN026	<i>,</i> ,			••		- FF	C @	chedul	e B (Fo	rm 2V	() (Par	اومط

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В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22
Any Information copied from such Reports and Statemen			
or for commercial purposes, other than using the name	and address of any political	committee to sol	licit contributions from such committee
NAME OF COMMITTEE (In Full)	A . I O		
American Health Care Association Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: D115720
LYNN JENKINS FOR CONGRESS			Date of Disbursement
Mailing Address P.O. Box 1441			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} Y$
	tate Zip Code (S 66601		Amount of Each Disbursement this Period
Topeka Purpose of Disbursement	72 00001		1000.00
Contributions to Federal Candidates			
Candidate Name Rep. Lynn Jenkins		Category/ Type	
President	nent For: 2012 Primary General Other (specify)		
State: KS District: 02			
Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS			Transaction ID: D115814 Date of Disbursement
Mailing Address PO Box 2334			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
•	tate Zip Code X 76202		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates			5000.00
Candidate Name Rep. Michael C. Burgess		Category/ Type	
	nent For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) COFFMAN FOR CONGRESS			Transaction ID: D115813 Date of Disbursement
Mailing Address 9249 South Broadway			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & B \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & I & I \end{bmatrix} $
	tate Zip Code CO 80129		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates			1000.00
Candidate Name Rep. Mike Coffman		Category/ Type	
	nent For: 2012 Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional))	7000.00
TOTAL This Period (last page this line number only) .			

	CHEDULE B (FEC Form 3X)	Use se	parate schedule(s)	_	NUMBER: PAGE 27 / 28
ΙT	EMIZED DISBURSEMENTS	for eac	h category of the d Summary Page	(check onl	y one)
	y Information copied from such Reports and S			d by any person	for the purpose of soliciting contributions
or 1	for commercial purposes, other than using the	name and addi	ress of any political	committee to so	olicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) American Health Care Association Po	litical Action	Committee		
	Full Name (Last, First, Middle Initial)				Transaction ID: D115719
	TIM WALZ FOR US CONGRESS				Date of Disbursement
	Mailing Address PO Box 938				03 7 21 7 2011
	City Mankato	State MN	Zip Code 56002		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates				1000.00
	Candidate Name Rep. Tim Walz			Category/ Type	
	Office Sought: X House Dis	bursement For:		. , , , ,	
	Senate President	X Primary Other (s	General pecify)		
	State: MN District: 01				
	Full Name (Last, First, Middle Initial) REPUBLICAN PARTY OF LOUISIAN	A			Transaction ID: D115533 Date of Disbursement
	Mailing Address 530 Lakeland Dr Ste 215				03
	City Baton Rouge	State LA	Zip Code 70802-4441		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Committees			· · · ·	5000.00
	Candidate Name			Category/ Type	
	Office Sought: House Dis Senate President	bursement For: Primary Other (si	General	,	
	State: District:	(-1,	, · · · · · · · · · · · · · · · · · · ·		
	Full Name (Last, First, Middle Initial) BEN CARDIN FOR CONGRESS				Transaction ID: D115816 Date of Disbursement
	Mailing Address PO BOX 21093				03 / 28 / 2011
	City Catonsville	State MD	Zip Code 21228		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates				2500.00
				Category/ Type	
	Candidate Name Sen. Benjamin L. Cardin				1
	Sen. Benjamin L. Cardin Office Sought: House X Senate	Sbursement For: X Primary Other (s)	General		
	Sen. Benjamin L. Cardin Office Sought: House Dis	X Primary			

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	SCHEDULE B (FEC Form 3	Use separate schedule(s)	,				NUWBE		PA	PAGE 28 / 28							
	TEMIZED DISBURSEMENT	for each category of the	ach category of the			÷	- '	1									
		Detailed Summary Page		_	21b	<u> </u>	22	X	1	L	24	_	25 29		26		
г	A 16 " 15 T				27	Ļ	28a		28b	يا	28c				30b		
	Any Information copied from such Reports a or for commercial purposes, other than using													5			
N	NAME OF COMMITTEE (In Full)																
	American Health Care Association	Political Action Committee															
_	Full Name (Last, First, Middle Initial)						Trans	sact	ion ID):	D1155	36					
A.	MCCONNELL SENATE COMMITTEE '14						Date of Disbursement										
	Mailing Address PO BOX 1496					03											
	City LOUISVILLE	State Zip Code KY 40201					Amount of Each Disbursement this Period						od				
	Purpose of Disbursement Contributions to Federal Candidates											50	00.00)			
	Candidate Name Sen. Mitch McConnell			ateç Typ	gory/ pe												
	Office Sought: X Senate President State: KY District: 00	Disbursement For: 2014 X Primary General Other (specify) ▼															
В.	Full Name (Last, First, Middle Initial) WICKER FOR SENATE					Transaction ID: D115815 Date of Disbursement				V							
	Mailing Address PO BOX 64						0 ^M 3	М	/ 2	2 8	B / L	Ž	0 1	1			
	City JACKSON	State Zip Code MS 39205					Amou	ınt c	of Each	n D	Disburse	-		_	od		
	Purpose of Disbursement Contributions to Federal Candidates					L.	_				25	00.00)				
	Candidate Name Sen. Roger Wicker																
	Office Sought: House X Senate President	Disbursement For: 2012 X Primary General Other (specify) ▼															
	State: MS District: 00																

SUBTOTAL of Disbursements This Page (optional)	•	7500.00
TOTAL This Period (last page this line number only)	<u> </u>	50500.00